

# **EXHIBIT E - PART 3**

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1 know, looking into the issue. But as far as  
2 where we are at right now, we still have more  
3 work to do on the issue. But again, I'm not  
4 going to speculate on what we found.  
5

6 Q. So you're saying that Captain  
7 McNamara is still looking into it now a year and  
8 two months later?

9 MR. KLEINBERG: Objection.

10 A. It's still a part of the overall  
11 issues that we are looking into, yes ma'am.

12 Q. Do you know what specifically  
13 McNamara has done from November of '06 to now to  
14 look into this issue?

15 A. I know -- I believe he's talked to  
16 the Commission of Correction. I don't know if  
17 he's spoken to any other people about this.

18 Q. Did you ever receive any feedback  
19 from him that he did anything other than talk to  
20 a member or employee of the Commission?

21 A. We have had a number of  
22 conversations on this but, again, it's an open  
23 issue.

24 Q. So specifically McNamara didn't  
25 tell you that he did anything other than speak

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with the Commission?

MR. KLEINBERG: I object,  
just to the extent this is apparently an  
ongoing investigation.

Q. Did you ever ask Pat Perry to do  
anything about this?

A. I don't recall.

Q. Do you recall at any point in time  
asking Pat Perry to investigate the anonymous  
letter?

A. I could have. I could have. And I  
don't have a specific memory, but that would be  
something that -- that would be something that I  
could have done.

Q. You don't recall one way or the  
other?

A. I don't recall, because there  
are -- there are so many issues that we deal  
with every day. You know, and many of them are  
issues that don't have substance, but I still  
like to get them looked into. But I don't know  
specifically if I had Pat Perry look into this  
or not, but I could have.

Q. So to date did anybody ever tell

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1  
2 you, either McNamara, Perry, anyone else, that  
3 anybody within the facility was questioned about  
4 this claim that a procedure was put out sometime  
5 right before the Commission came to the  
6 facility?

7 A. I don't recall.

8 Q. Do you recall receiving anything in  
9 writing from Perry with respect to his  
10 investigation of the anonymous complaint or  
11 letter?

12 A. I don't recall.

13 Q. Did you ever see Exhibit 18?

14 A. I believe this is the document that  
15 we are talking about.

16 Q. That's the procedure that you  
17 believe was referenced in the anonymous letter  
18 of November 2006?

19 A. Yes. And I also believe I've seen  
20 it in the depositions. But I believe I've seen  
21 it in conversations with Captain McNamara. And  
22 again, I don't know if I asked Pat Perry to look  
23 into this or not.

24 Q. And in terms of, just so the record  
25 is clear, the conversations that you had with

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McNamara about Exhibit 18, did those relate to the anonymous allegations that this procedure was put out sometime right before the Commission came to the facility?

A. That's exactly what it would be about. In other words, the bottom line is we want to make sure that all parties be treated fairly. And, you know, if this had been put out at a certain date, we want to know when it was put out.

Q. In terms of procedures, these are kept in the facility?

A. Yes.

Q. Are these the procedures that LeFever would have the authority to issue under the goal of implementing the broader policies that are set forth?

A. Yes.

Q. And is the broader policy what, for example, we have marked as Exhibit 2?

A. Yes, that's a broader policy. And again, as I said earlier, I think that's a pretty specific policy.

Q. In terms of the procedure that's

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1 before us as Exhibit 18, did you at any point in  
2 time have any role in drafting or modifying it?  
3

4 A. No.

5 Q. Other than LeFever, do you know if  
6 anybody else had any role in that?

7 A. I don't know.

8 Q. In terms of the amendment,  
9 specifically the date of amendment February 23,  
10 2006, it's in the shaded box, you see that?

11 A. Yes.

12 Q. But then it also has an effective  
13 date of August 12, 2005. Do you see that?

14 A. I see that.

15 Q. Do you have any understanding as to  
16 what the difference is between those two?

17 A. I don't understand it.

18 Q. On the second page of the document,  
19 bottom section under 15-Minute Supervisory  
20 visit, letter H, 15-minute supervisory visits  
21 are not, underlined, adequate as a suicide  
22 prevention precaution. Do you see that?

23 A. Yes.

24 Q. Did you ever ask anybody prior to  
25 this case, the depositions in this case, as to

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1 when, if at all, that procedure was put out?

2 A. No. I do not believe 15-minute  
3 supervisory visits are ever, ever adequate for a  
4 suicide -- a suicidal prisoner.  
5

6 Q. I understand that's what you  
7 believe. But do you know when the first time  
8 was that that was put in writing as part of the  
9 procedure in the jail?

10 A. I don't.

11 Q. Do you know as you sit here today  
12 when Exhibit 18 in its current form was ever  
13 issued, meaning placed in a procedure book or  
14 given to a correction officer?

15 A. I don't know.

16 Q. Is that something that you say is  
17 still under review?

18 A. Yes.

19 Q. In terms of that section, letter H  
20 which I just read, and you indicated your belief  
21 that 15-minute supervisory visits are never  
22 adequate as a suicide prevention precaution,  
23 correct?

24 A. Yes.

25 Q. You have any understanding as to

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1  
2 why that was put in writing if in fact the  
3 practices or policies in Putnam County,  
4 according to you, always indicated constant  
5 watch was required?

6 A. I don't know. I don't know if the  
7 Commission had put something out or what  
8 motivated the captain to put this in the  
9 procedure, I don't know.

10 Q. You never asked Captain LeFever,  
11 correct?

12 A. Not yet.

13 MS. BERG: Can we take a few  
14 minutes?

15 MR. KLEINBERG: Sure.

16 *(Recess held.)*

17 Q. Going back to Exhibit 2, turn to  
18 the page that says 79 at the bottom.

19 A. Yes.

20 Q. Top of the page, "tour supervisor  
21 will," you see that?

22 A. Yes.

23 Q. Then it says, "assure that constant  
24 supervision is immediately provided for the  
25 following types of prisoners. One, suicidal



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prisoners," correct?

A. Yes.

Q. The term suicidal prisoner is not defined in there, correct?

A. It's not defined in the paragraph.

Q. Or anywhere in this policy?

MR. KLEINBERG: Objection.

A. I don't recall. I can look at the whole policy, but...

Q. That's all right, the policy speaks for itself.

A. But I do believe -- I do believe that suicidal -- you know, the whole purpose of eight hours of training in the basic course and four hours in the facility is to ensure that people understand, you know, why we do the training and what the training is all about. So I believe that, you know, it's clear what's expected.

Q. In terms of what's expected of the tour supervisor, it doesn't say here that he or she will institute constant supervision if a score is eight or higher on the form, correct?

MR. KLEINBERG: In this

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paragraph or this page?

MS. BERG: Well, what the tour supervisor will do. That's what this section is.

A. The whole purpose of that screening form is to identify inmates who are suicidal or who have a tendency to have a suicidal issue. And the bottom line is -- I mean it's pretty specific, that the tour supervisor will implement constant supervision.

Q. In terms of being suicidal, is it your understanding that if the score is eight or higher they are considered to be suicidal?

A. Yes.

Q. Or if a shaded box is checked, they are considered to be suicidal?

A. Under the guidelines from the Commission of Correction and the Office of Mental Health and the training. And when we're talking about suicidal, we are talking about as best that the screening process can identify, they have the potential for suicide. And then a psychiatrist, only a psychiatrist or a mental health professional can take them off of a

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constant watch.

Q. Did you ever come to learn at any point in time that correction staff differentiated between somebody who is suicidal and somebody who scored eight or higher on the form?

MR. KLEINBERG: Objection.

MR. RANDAZZO: Objection.

A. Only from these depositions I have heard some discussions in this room.

Q. Did you ever see any written policy which specifically says, constant supervision must be implemented if a score on the suicide screening form is eight or higher?

A. I believe it's in the training.

Q. But did you ever see any written policy or procedure which in Putnam County says, if the score is eight or higher institute constant watch?

A. It's not on the form. It's not on the form itself.

Q. It's not in the policies or procedures that you have seen, correct?

MR. KLEINBERG: Objection.

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A. But that's why the correction officer, the booking officer is notifying --

Q. Just answer my question, please.

My question is, have you ever seen that written in a policy or procedure, that you must institute constant watch if the score is eight or higher?

MR. KLEINBERG: Objection.

A. In a policy or procedure, not in training?

Q. Correct, that's my question.

A. I can't recall as I sit here where I could just point to one right now.

Q. In terms of "tour supervisor will, section C, assure that active supervision is immediately provided for prisoners who are intoxicated by drugs or alcohol but who do not appear to be a danger to themselves or others." First, active supervision, that's the 15-minute checks that you talked about earlier?

A. Yes.

Q. In terms of those who do not appear to be a danger to themselves or others, is that somebody who scored lower than eight on the form

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1  
2 or didn't have a shaded box checked?

3 A. I think the real issue about a  
4 constant watch, a constant watch is used always  
5 for people who are suicidal or could cause a  
6 danger to themselves. They could not be  
7 suicidal, but they could cause a danger to  
8 themselves by injuring themselves or their  
9 physical condition would cause them to be a  
10 danger to themselves.

11 Q. Take a look, if you would, at the  
12 next page in terms of safety of inmate with  
13 mental health problems, number 3 under letter A.  
14 "The captain or staff sergeant shall consult  
15 with the responsible physician or his designee  
16 prior to the following actions being taken  
17 regarding prisoners who are having mental health  
18 problems." You see that?

19 A. Yes, I see that.

20 Q. In terms of those who have mental  
21 health problems, would that include somebody who  
22 scores eight or higher on the suicide screening  
23 form?

24 A. I believe anyone who scores eight  
25 or higher on the suicide form is going to be

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referred to mental health for mental health issues, yes.

Q. So those people would fall into this category of having mental health problems?

A. Potentially they have mental health problems, yes.

Q. Other than your belief, do you know of any written policies or procedures which in any way clarify or define that somebody who scores eight or higher or has a shaded box checked is considered to have a mental health problem?

A. I don't recall.

MR. KLEINBERG: Objection.

Q. In terms of the mental health referral that you just referred to in your prior answer, is that something that the correction staff is responsible for doing?

A. Any -- any person in the facility I believe can make a mental health referral - a correction officer, the shift supervisor, medical staff. I think under any of the standards that we have from the Commission of Correction and from the National Commission on

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1  
2 Correctional Health Care, I believe anyone can  
3 make a referral.

4 Q. Do you know in terms of individuals  
5 who come into the facility and have a score of  
6 eight or higher or a shaded box checked on the  
7 suicide screening form of any policies or  
8 practices which require a mental health referral  
9 be made for those individuals?

10 A. Every -- in practice everyone who  
11 scores eight or higher is referred to mental  
12 health, because they are going to be on a  
13 constant watch, and only -- only a mental health  
14 professional can take them off of the constant  
15 watch.

16 Q. But do you know of any written  
17 policies or procedures which say that if  
18 somebody scores eight or higher or a shaded box  
19 is checked on that form that they are required  
20 to be referred to mental health?

21 MR. KLEINBERG: Objection.

22 A. I can't specifically identify a  
23 written procedure, but I believe that is  
24 happening as a matter of practice.

25 Q. What do you base your belief on?

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1  
2 A. On the fact that anyone, anyone who  
3 scores in the suicidal category is going to  
4 automatically be referred to mental health.

5 Q. What do you base that on?

6 A. The constant watch, they can't be  
7 taken off the constant watch. Only the mental  
8 health staff can take them off the constant  
9 watch.

10 Q. Other than the fact that they can't  
11 be taken off a constant watch, how do you know  
12 that in practice mental health referrals are  
13 made for those individuals who are considered  
14 suicidal or at high risk of suicide, do you have  
15 personal knowledge of that?

16 A. I believe I recall, and I don't  
17 have a specific recollection of where it is but  
18 I almost -- I believe that in the National  
19 Commission of Correctional Health Care standards  
20 I believe -- I believe a referral is made.

21 Q. Are those NCIC standards made  
22 available to correction staff?

23 A. Specifically are they handed out to  
24 correction staff, I don't believe so.

25 Q. So do you know of anything in



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Putnam County specifically which would set forth a policy or procedure that says that if somebody is suicidal or at high risk of suicide that they must be referred to mental health?

A. I can't specifically point that out as I sit here.

Q. Are you aware of whether there are any programs in the facility for individuals who are going to be withdrawing from drugs or alcohol?

A. Yes.

Q. What are you aware of?

A. The -- as a part of the RFP that we put out in the 2002/2003 time frame, as I recall that was part of the RFP. And that specifically -- specifically the detoxification and follow-up with inmates was addressed in that RFP.

Q. That would have been the request for a proposal from a company to provide medical services?

A. That is correct. And I also believe that in the -- I believe that -- that is a part of the National Commission of

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1  
2 Correctional Health Care standards, which again  
3 is part of -- part of -- you know, what we  
4 sought with our medical care was to go from a  
5 situation where we literally had time periods --  
6 when I arrived at the Putnam County Sheriff's  
7 Office and Correctional Facility in 2002, we had  
8 a situation where we had one nurse on staff and  
9 we had one part-time practical nurse that would  
10 assist her. And we had a situation where if she  
11 was sick or it was a long weekend or she was on  
12 vacation, the facility could go five days up to  
13 seven days with no medical staff in the jail,  
14 where correction officers would be handing  
15 out -- dispensing -- they were blister packs,  
16 but would be dispensing medications to the  
17 inmates, where individuals would be coming in  
18 the jail in all types of conditions 24 hours a  
19 day, 7 days a week with no medical, no medical  
20 staff in the jail.

21 Q. I don't want to cut you off, but I  
22 don't think your answer is addressing my  
23 question. My question was, are you aware of any  
24 programs, procedures, policies which provide for  
25 detoxing of inmates who come into the facility

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1  
2 using drugs or alcohol. You referenced one  
3 being the request for proposal.

4 A. Right, and that's the point I want  
5 to make. The whole idea -- the whole idea of  
6 getting a medical going from limited medical  
7 support in the jail to having 24 hour medical  
8 coverage in the jail, for when people come in to  
9 ensure the 14-day physicals are done. They  
10 weren't being done. That was a step that I took  
11 as the sheriff to get --

12 Q. I understand you took that step,  
13 but do you know of anything that was actually  
14 implemented?

15 A. Absolutely. That was --

16 Q. Just in terms of detoxing, though?

17 A. Detox, and we have had many success  
18 stories on detoxification in the jail.

19 Q. So what's the program that's in  
20 place then?

21 A. The program is in place, is through  
22 AmeriCor. And they have -- they have done -- in  
23 most cases that I've seen they have done an  
24 outstanding job with detoxification, with  
25 follow-up treatment in spite of what may have

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1  
2 happened, you know, in some of the testimony  
3 here.

4 Q. So in terms of the inmate who comes  
5 into the facility having used drugs or alcohol  
6 say for a period of time, is it your  
7 understanding that AmeriCor has the  
8 responsibility then to ensure that appropriate  
9 detoxification occurs?

10 A. They have a program -- a program  
11 which has been very effective many times.

12 Q. Does the correction side, the staff  
13 that, you know, are involved in the intake or  
14 the tour supervisor have any involvement in  
15 getting new inmates help for withdrawal?

16 A. It is a total -- it is a total team  
17 effort.

18 Q. So they have a responsibility also?

19 A. It's a total team effort.

20 Q. Separate for me what the correction  
21 staff is responsible for doing when an inmate  
22 comes into the facility having used drugs or  
23 alcohol for a period of time?

24 A. Correction officers when they take  
25 on their post, you know, they have a

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1  
2 responsibility -- they have a responsibility for  
3 the supervision of the inmate. And they provide  
4 that responsibility under general supervision,  
5 active supervision or constant supervision. And  
6 with that supervision there are certain  
7 responsibilities. These correction officers are  
8 trained. They go through basic training, they  
9 go through continuous training in the facility.  
10 They are trained to, if they see an inmate in  
11 distress, to contact the nursing staff. That's  
12 why the nursing staff is there. We have  
13 24-hour-a-day medical support on call. In  
14 addition to the nurse on staff, the doctor is on  
15 call. Dr. Asif, the psychiatrist is on call.

16 And I can just -- Miss Berg, I can  
17 tell you of many success stories where this  
18 system has worked impeccably where the doctor,  
19 the psychiatrist, the nurse and the correction  
20 staff have worked together. Our correction  
21 facility -- in spite of being here at this  
22 deposition, our correctional facility has an  
23 outstanding reputation in New York State.

24 Q. You indicated, though, the  
25 correction staff has a responsibility to contact

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nursing if an inmate is in distress. Did you ever come to learn that at some point inmates who are withdrawing from drugs or alcohol may not necessarily exhibit signs or symptoms of withdrawal for a period of time?

A. Well, withdrawal will occur based on the substance you are withdrawing from -- obviously, believe it or not, alcohol can cause more serious withdrawal problems than drugs.

Q. How do you know that?

A. I know that because I read, I'm a professional.

Q. Did you --

A. My staff is -- you know, this -- you know, being a correction officer is a profession.

The other point I want to make with you is that I'm the Sheriff of the county. I mean I have a broad array of responsibilities. I have a jail administrator who has been on staff for more than 25 years. He attends numerous training sessions. I have training officers who attend numerous training sessions. Lieutenant O'Malley is a highly respected

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1  
2 training officer in the State of New York. My  
3 undersheriff, Peter Convery, has over 30 years  
4 of correctional experience. Pat Perry, the  
5 inspector general, was the warden of Riker's  
6 Island. I mean, I just -- I just want you to  
7 know that we have put in place -- we have put --  
8 in spite of putting a microscope on something  
9 that may have not gone the right way, the Putnam  
10 County Correctional Facility is a professional  
11 place that is well respected in New York State.

12 Q. With all due respect, I don't think  
13 you need a microscope to figure out what went  
14 wrong here. And that being said, I'm going to  
15 move to strike his answer as not being  
16 responsive.

17 MR. KLEINBERG: Can we take  
18 a two-minute break?

19 MS. BERG: Sure.

20 *(Recess held.)*

21 Q. Are you aware of anything that is  
22 in a written policy or procedure which provides  
23 for monitoring of inmates who come into the  
24 facility not actively withdrawing but who have  
25 the risk of progressing to that level?

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1  
2 A. Again, I'm the Sheriff of the  
3 county and, you know, I put out broad policies.  
4 And I strongly believe that we have in place the  
5 proper screening process conducted by the  
6 booking officers with referrals to our medical  
7 staff. And you know, I really believe that when  
8 we went from this part-time medical staff in the  
9 jail, we put the final piece in place where we  
10 had correction officers who were trained to do  
11 the booking, to do the initial intake as well as  
12 the 14-day physical. And as I sit here today I  
13 strongly believe that we have an active detox  
14 program in place. And --

15 Q. Who administers the program, is it  
16 AmeriCor?

17 A. You know, that's a hard question to  
18 give you just a short answer, because again I  
19 strongly believe that it's the total team. In  
20 other words, the booking officer does the  
21 initial medical intake, and that's in accordance  
22 with the Commission of Correction. And then  
23 there's a referral, that information is given to  
24 the nurse who is on staff. And that is reviewed  
25 and the nurse normally within an hour comes up



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1  
2 and actually talks to the inmate. We've now  
3 implemented the vitals, we have added that to  
4 the program. So it's a total team effort.

5 when it comes to the  
6 detoxification, that is a medical issue. But I  
7 just can't say it's isolated from correction  
8 officers, because correction officers are  
9 trained as to when people are in distress and  
10 when they need to get medical staff. And it's  
11 been a godsend to have 24-hour medical coverage  
12 in the jail. And, you know, without going off  
13 track, I'm going to focus on --

14 Q. Can I just say in terms of the  
15 short answer, that the medical staff and the  
16 correction staff both have a responsibility when  
17 it comes to inmates withdrawing from drugs or  
18 alcohol?

19 A. That's exactly what I'm -- I'm  
20 trying to say that. I'm trying to say that.

21 Q. Can I show you Exhibit 26, which is  
22 a progress note pertaining to Spencer?

23 A. Yes.

24 Q. Have you ever seen that before?

25 A. I've seen that I believe -- I

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believe I've seen that in these depositions.

Q. Prior to the depositions in this case?

A. No, it may have been -- it may have been in the packet sent to the Commission of Correction. But, you know, again there were a lot of documents and I don't recall.

Q. In that progress note Peter Clarke indicates will monitor. You see that?

A. Yes.

Q. Did you ever ask anybody what that meant?

A. No.

Q. Do you know if any monitoring was done of Spencer Sinkov?

A. I know the correction officer was monitoring his status.

Q. Every 15 minutes?

A. Every 15 minutes and perhaps even more. But as far as -- you know, I can't speak for -- I can't speak for Peter Clarke.

Q. Did you ever ask the correction staff who was responsible for doing the 15-minute check anything about whether they

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1  
2 observed Spencer indicating any signs or  
3 symptoms of withdrawal?

4 A. Again, Miss Berg, I'm the Sheriff  
5 of the county and there's a lot of people  
6 between me and --

7 Q. Well, my first question was, did  
8 you ever ask the staff this question?

9 A. To go to the correction officer and  
10 specifically ask, no, I did not.

11 Q. Do you know if anybody else did -  
12 LeFever, O'Malley, Undersheriff Convery,  
13 McNamara?

14 A. I would say it would be more  
15 appropriate inside the jail staff, you know, the  
16 jail administrator and his staff.

17 Q. Do you know if that was ever done,  
18 though?

19 A. I don't know. I know there were a  
20 number of conversations. I know as much as  
21 it's, you know, it's sad for the Sinkov family  
22 but, believe it or not, the correction officers  
23 took this very hard as well and there's -- the  
24 answer is I don't specifically know what Captain  
25 LeFever did or what his staff did, but I know

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there were a number of conversations.

Q. Did you ever speak with Peter Clarke?

A. No.

Q. To your knowledge was Peter Clarke ever questioned by the investigators when they investigated the death of Spencer?

A. I don't recall.

Q. Did you ever speak with Susan Waters?

A. About this, I don't recall.

Q. Did you ever speak with Kevin Duffy about Spencer Sinkov or the circumstances concerning his intake and death?

A. Yes.

Q. How many times?

A. I've spoken to Kevin a number of times about suicide prevention, about this case after it happened, and we still speak about procedures within the jail. You know, we try to improve the quality of services, you know, on a monthly basis --

Q. When --

A. -- in the jail. And one of the

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1 things I specifically remember, I specifically  
2 remember having a discussion with Kevin on the  
3 issue of, you know, vital signs. Vital signs  
4 are not required under the National Commission  
5 of Correctional Health Care standards or any  
6 written standard within the Commission. And I  
7 specifically said, well listen, Kevin, we have  
8 the staff here. I'm proud of the staff. Let's  
9 just do it. And the Commission recommends it,  
10 let's just do it. I mean...

11  
12 Q. That would have been after  
13 Spencer's death then?

14 A. Yes.

15 Q. Prior to Spencer's death did you  
16 ever have any conversations with Kevin Duffy  
17 about suicide prevention in the correctional  
18 facility?

19 A. I'm sure.

20 Q. Do you recall?

21 A. One of the -- one of the -- one of  
22 the -- well, maybe several discussions. One of  
23 the concerns I had after the suicide in November  
24 of 2003 was the issue of mental health -- mental  
25 health coverage in the jail. And to get better

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1  
2 mental health coverage and more responsive  
3 coverage and 24-hour-a-day on-call coverage when  
4 needed. I know I specifically talked to Kevin  
5 about that. And I know there was a point in  
6 time where I talked to Kevin about increasing  
7 the hours for the licensed clinical social  
8 worker in the jail. We initially established  
9 it, when we provided the mental health coverage  
10 I think we started with 12 hours. And that was  
11 one of the first discussions we had, was the  
12 actual taking over of the mental health coverage  
13 in the jail because we were not satisfied with  
14 the previous coverage. And then, of course, to  
15 increase the coverage to 40 hours because --  
16 this is a challenge for jails all across New  
17 York State and the country. Mental health  
18 issues are more prevalent than ever before.

19 Q. In terms of your conversations,  
20 though, with Kevin Duffy, other than about  
21 increasing coverage, meaning having a  
22 psychiatrist on call 24 hours a day, increasing  
23 the hours for the clinical social worker, did  
24 you ever talk to him specifically about any  
25 suicide prevention policies or procedures?

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1  
2 A. If I'm not mistaken, Kevin Duffy  
3 spent a day or two with us doing a study on  
4 suicide prevention.

5 Q. When was that?

6 A. I want to say it was in September  
7 of 2006. I may not be correct on the date.

8 Q. But when you say Duffy spent a day  
9 or two with us, who do you mean?

10 A. I'm talking about a project team.  
11 I'm talking about a --

12 Q. Who was that?

13 A. I'm talking about an expert on the  
14 subject that I received -- I received support  
15 from the -- I'm trying to get the proper name.  
16 The National -- it's an organization where  
17 Virginia Hutchinson and -- I'm sorry, the  
18 National Institute of Corrections.

19 Q. Who is the expert that  
20 participated?

21 A. The expert who participated was  
22 Miss Judith Cox.

23 Q. Who else participated?

24 A. We brought in a number of people  
25 from the community. People from organizations